2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 23, 2007 08:00 A
Secretary of State

DOCUMENT # L04000011375

1. Entity Name
KALEY CITGO, L.L.C.

Principal Place of Business	Mailing Address
4663 CASON COVE DRIVE, #1823 ORLANDO, FL 33811	9020 PECAY CYPRESS WAY ORLANDO, FL 32836

DO NOT WRITE IN THIS SPACE

03012007No Chg-LLC CR2E083 (11/05)

4. FEI Number
20-0744340
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

LALANI, NOORUDDIN
9020 PECAY CYPRESS WAY
ORLANDO, FL 32836

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ DATE: 3/20/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGRM
NAME	LALANI, NOORUDDIN T
STREET ADDRESS	9020 PECAY CYPRESS WAY
CITY-ST-ZIP	ORLANDO, FL 32836
TITLE	
NAME	
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CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes.

SIGNATURE: _____ 3/20/07 407-234-1977
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #